



**US Army Corps
of Engineers ®**
St Louis District

National Great Rivers Museum Volunteer Application

Date: _____

Name: _____

Last

First

Middle Initial

Address: _____

Street

City

State

Zip Code

Phone: _____

()

()

Home with area code

Work with area code

Social Security #: _____

Back ground checks will be conducted

Birth Date: _____

You must be 16 to volunteer.

Email address: _____

Emergency Info: (Please list two emergency contacts)

Name Relationship ()
Phone with area code

Name Relationship ()
Phone with area code

Education: (Please circle the last year completed)

High School 1 2 3 4

College 1 2 3 4

Graduate 1 2 3 4

Last School Attended

Degree Earned

Employment:

Current Employment:

Company Position

Supervisor and phone # Years of service

Previous Employment:

Company	Position
Supervisor and phone #	Years of service

Volunteer Employment:

Company	Position
Supervisor and phone #	Years of service

Professional References:

Please provide the following information (do not list friends or family members)

Name	Relationship	How long have you known this person ()
Complete Address	Phone Number	
Name	Relationship	How long have you known this person ()
Complete Address	Phone Number	

Experiences:

Please mark the position that you are interested in learning more about

- ☐ Staff Reception Desk
☐ Meet and Greet Visitors
☐ Give tours of the Melvin Price Locks and Dam and other educational programs
☐ Gift Shop Sales and Stocking
☐ Working Outdoors
☐ Working Indoors
☐ Special Events

Do you speak any other languages fluently? _____

Please describe any training, skills, teaching experience and /or certificates that may enhance your ability to be a successful volunteer.

Have you volunteered here before? If so, what programs were you involved with?

Why would you like to volunteer for the National Great Rivers Museum?

How did you learn about our Volunteer Program? If a friend referred you, please provide that person's name.

Availability:

Please check the boxes below that represent your regularly available hours.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Do you anticipate a change in schedule? If so, when? _____

How long can you commit to volunteering at the National Great Rivers Museum? _____

Optional Information:

Medical Conditions:

Allergies:

Medication:

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program. I am aware that this information may be disclosed to any party with legal and proper interest, and I release the agency from all liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer, and that filling out an application for the program does not guarantee acceptance into a volunteer position.

If you have a current resume and would like to include it, we would welcome the additional information.

Applicant's signature

Date

Please return form to:

*U.S. ARMY CORPS OF ENGINEERS
Volunteer Coordinator
Rivers Project Office
301 Riverlands Way
West Alton, MO 63386
PHONE: (636) 899-2600
FAX: (636) 899-2655*